

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | BA       | 70385  |         |
| O.I.P.E. CLASSIFIER |          | 75     | 7/14/9  |
| FORMALITY REVIEW    | DW       | 72346  | 7-27-99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | 79       | 13   |
| 2     | ✓     | 80       | 10   |
| 3     | ✓     | 81       | 10   |
| 4     | ✓     | 82       | 10   |
| 5     | ✓     | 83       | 10   |
| 6     | ✓     | 84       | 10   |
| 7     | ✓     | 85       | 10   |
| 8     | ✓     | 86       | 10   |
| 9     | ✓     | 87       | 10   |
| 10    | ✓     | 88       | 10   |
| 11    | ✓     | 89       | 10   |
| 12    | ✓     | 90       | 10   |
| 13    | ✓     | 91       | 10   |
| 14    | ✓     | 92       | 10   |
| 15    | ✓     | 93       | 10   |
| 16    | ✓     | 94       | 10   |
| 17    | ✓     | 95       | 10   |
| 18    | ✓     | 96       | 10   |
| 19    | ✓     | 97       | 10   |
| 20    | ✓     | 98       | 10   |
| 21    | ✓     | 99       | 10   |
| 22    | ✓     | 100      | 10   |
| 23    | ✓     | 101      | 10   |
| 24    | ✓     | 102      | 10   |
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| Claim | Final | Original | Date |
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| 150   |       |          |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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